

Declaration and Power of Attorney

Attorney File: BIOA5311

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one named is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled ANTI-INFLAMMATORY ACTIVITY FROM LACTIC ACID BACTERIA, the specification of which

_____ is attached hereto.

_____ was filed on _____, as Application Serial No.

and as amended on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) None

I hereby claim the benefit under Title 35, United States Code, 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a), which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>60/443,644</u>	<u>01/30/2003</u>	<u>pending</u>
(Application Serial No.)	(Filing Date)	(Status)

I hereby appoint the following attorney to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, said attorney having full power of substitution and revocation: Lynn E. Barber, Reg. No. 31,734. Address all telephone calls to Lynn E. Barber (817) 361-7131. Address all correspondence to Lynn E. Barber, Post Office Box 16528, Fort Worth, TX 76162.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge and after having been warned that willful false statements, and the like, so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor James Versalovic

Inventor's signature _____

Date _____

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Full name of third inventor Eamonn Connolly

Inventor' s signature _____

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